

MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-019082 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	1	↓	2	↓	3	↓
TOTAL DEP.	8	↓	17	↓	26	↓
TOTAL CLAIMS	9	██████████	26	██████████	35	██████████

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TOTAL IND.	1	↓	2	↓	3	↓
TOTAL DEP.	8	↓	17	↓	26	↓
TOTAL CLAIMS	9	██████████	26	██████████	35	██████████
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MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS